Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000277089 3)))

H10000277089 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@XFT.DE

CORPORATION REINSTATEMENT

XFT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$758.75

Electronic Filing Menu Corporate Filing Menu Help

FILED

10 DEC 28 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000000589

1. Corporation Name
xft, Inc.

REINSTATEMENT 10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2881 East Oakland Park Blvd	2881 East Oakland Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33306 Country: USA	Zip: 33306 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/2009

5. FEI Number: 26-2193547 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Kimberly B. Moret as its agent Date: 12/28/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D/S	Gerhard Scherer	2881 East Oakland Park Blvd	Fort Lauderdale, FL 33306
CEO/D	Dr. Torsten Fenske	2881 East Oakland Park Blvd	Fort Lauderdale, FL 33306
Mgn.D/VP	Rainer Foerster	2881 East Oakland Park Blvd	Fort Lauderdale, FL 33306
D	Volker Kohlstetter	2881 East Oakland Park Blvd	Fort Lauderdale, FL 33306
D	Dr. Norbert Schroeder	2881 East Oakland Park Blvd	Fort Lauderdale, FL 33306

10. E-mail Address: info@xft.de
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: GERHARD SCHERER (954) 903-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/28 ew